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FEC FORM 1	ORGANIZATION				2013 NOV 12 AM 10: 01 FEC MAIL CENTER Office Use Only			
NAME OF COMMITTEE (in	full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4	M5		
COMMITT	EE TO E	ELECT MIC	HAEL	DELAVAR				
ADDRESS (number a	nd street)	O BOX 128	55		٠			
(Check if address is changed)		WASHOUGAL			WA	986	671	0927
		CITY			STATE		ZIP CC	DE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)  treasurer@michaeldelavar.com  (Check if address is changed)								
COMMITTEE'S WEB	h address		nicha	eldelavar.cor	m			
2. DATE 11	6	2013						
3. FEC IDENTIFIC	CATION NUMBI	ER C						
4. IS THIS STATE	MENT 🔀	NEW (N) OR		AMENDED (A)				
I certify that I have of			_	knowledge and belief it		rrect and a	omplete.	
Signature of Treasure		Cunin	·e		Date	11 (	06	2013
NOTE: Submission of		•		oject the person signing the			nalties of 2	2 U.S.C. §437g.
Office Use Only				For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100			EC FO Revised 02	1